



- ☐ New Enrollment
☐ Change in Enrollment
☐ Cancel

MONROE COUNTY
QUALIFIED PRE-TAX PARKING/TRANSIT COMMUTE PROGRAM
2016 ENROLLMENT FORM

EMPLOYEE INFORMATION (Please Print)			
Employee Name:		Social Security #:	Date of Birth:
Address:		City:	State: Zip code:
Email Address:		Work Telephone:	SAP ID:
Garage Most Often Used:	Address:		Card/Permit #:

- ☐ I ELECT to enroll in the Qualified Pre-Tax Parking/Transit Commute Program and hereby authorize the following. I understand that:
- I will be paid from the reallocation account(s) upon submission of properly prepared claim forms.
 - **All claims must be received by Health Economics Group, Inc. by Friday, December 2, 2016.**
 - After Dec. 2, 2016, any remaining balance will be refunded and taxed in my Dec. 9, 2016 paycheck.
- ☐ I park at the Civic Center Garage, High Falls, MAPCO or Sister Cities and wish to have my payroll deduction paid directly to the garage on a monthly basis. For any increases in your monthly payment from the garage and/or parking lot, your pay period adjustments will be made accordingly. **Direct Pay Parking enrollment is a rollover from year to year. You do not have to re-enroll if you participated in 2015.**

EMPLOYEE ELECTIONS						
<p style="text-align: center;">Unreimbursed Qualified Pre-Tax Parking/ Transit Commute Expenses</p> <p>Total Deducted from my salary for qualified pre-tax parking/transit commute expenses per month. The deduction will start the first of the following month in which the application is received. Deductions will be made on a bi-weekly basis.</p>	<p>\$ _____ PER MONTH</p>	<p style="text-align: center;"><i>DO NOT WRITE IN THIS BOX</i></p> <table style="width: 100%;"><tr><td style="text-align: center;"><i>Pay Period Start</i></td><td style="text-align: center;"><i>Per Pay Period</i></td></tr><tr><td style="text-align: center;">____/____/____</td><td style="text-align: center;">\$ _____</td></tr></table>	<i>Pay Period Start</i>	<i>Per Pay Period</i>	____/____/____	\$ _____
<i>Pay Period Start</i>	<i>Per Pay Period</i>					
____/____/____	\$ _____					

Direct Deposit Bank Information (Mandatory). <i>Must attach a voided check (NOT A DEPOSIT SLIP) if not already on file with HEG. Check here if already on file with HEG:</i> <input type="checkbox"/>	
Bank Name:	Routing Number:
Account Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Account Number:

Employee Signature: _____ Date: _____

Please return this enrollment by Friday, December 4, 2015 to:
Human Resources, Room 210, County Office Building
39 West Main Street
Rochester, NY 14614
e-mail: hrbenefits@monroecounty.gov